

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035946

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 5552 Registrar's No. 134

FILED SEP 16 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Koshkonong</i>		c. CITY OR TOWN <i>Koshkonong</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Route 2</i>		d. STREET ADDRESS (If outside, give location) <i>Route 2</i>	
3. NAME OF DECEASED (Type or print) <i>Benjamin L. Raymond</i>		4. DATE OF DEATH Month <i>September</i> Day <i>1</i> Year <i>1963</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-17-1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		11. BIRTHPLACE (City and state or country) <i>Koshkonongs Mo.</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>A. L. Raymond</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane Williamson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <i>Mrs. Ben Raymond, Koshkonong, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-Vascular-Renal Disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>10:50 P.m.</i> Month, Day, Year <i>21-2-63</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>West Plains, Mo</i>	
21. I attended the deceased from <i>21-2-63</i> to <i>1 Apr 63</i> and last saw him alive on <i>28-8-63</i> Death occurred at <i>10:50 P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <i>9-9-63</i>	
22a. SIGNATURE <i>Beatrice Cook</i>		22b. ADDRESS <i>West Plains, Mo</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>9-4-1963</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>West Plains, Missouri</i>	
24. FUNERAL DIRECTOR <i>Robertsons, West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-12-63</i>	
		26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>	

Smith

SEP 18 1963

JAN 22 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. H. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.